

7. [] An Assignment of the invention to _____ is enclosed. Please record the Assignment and return it to the undersigned.
8. [x] The Application filing fee is calculated below.

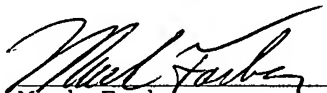
	No. Filed	No. Extra*	Rate:	Fee
Basic Fee:				\$ 770.00
Total Claims:	22 - 20 = 2		x 18.00	\$ 36.00
Indep Claims:	7 - 3 = 4		x 86.00	\$ 344.00
[] Multiple Dependent Claims Presented				+ \$270.00
				<u>\$1150.00</u>
TOTAL:				\$ 1150.00

9. [x] Please charge Deposit Account No. 21-0550 in the amount of \$ 1150.00 which includes filing fee and recordation fee).
TWO DUPLICATE COPIES OF THIS PAPER ARE ENCLOSED.

10. [x] The Commissioner is hereby authorized to charge any additional fees which may be required for this application, or credit any overpayment to Deposit Account No. 21-0550. **TWO DUPLICATE COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,

Date: Dec. 4, 2003


Mark Farber
Reg. No. 34,159
Attorney for Applicant

Mark Farber
C/O
Tyco Healthcare Group LP
150 Glover Avenue
Norwalk, CT 06856

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Roby
Serial No.: Unassigned **Examiner:** Unassigned
Filed: Concurrently within **Art Unit:** Unassigned
For: **Antimicrobial Suture Coating**

CERTIFICATE OF EXPRESS MAILING

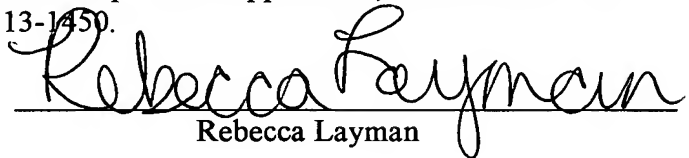
Date of Deposit: December 5, 2003

I hereby certify that the following:

Certificate of Express Mailing Label No.: EJ151057015US

- ☒ This Certificate of Express Mailing
- ☒ Application Transmittal Letter
- ☒ Application (15 pages of Specifications, Claims, and Abstract)
- ☒ 1 Page of Drawings
- ☒ Return postcard

are being deposited with the United States Postal Service first-class mail on the Date of Deposit indicated above in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Rebecca Layman

Mark Farber
C/O
TYCO HEALTHCARE GROUP LP
150 Glover Avenue
Norwalk, CT 06856
203-845-1059